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<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/811838
	Filing Date	30-Mar-2004
	First Named Inventor	Theoharis C. THEOHARIDES
	Art Unit	
	Examiner Name	
	Attorney Docket Number	2003133.125US10

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

*OR*

I hereby appoint the practitioners associated with the Customer Number: 23483

Please change the correspondence address for the above-identified application to:

The address associated with  
Customer Number: 23483

*OR*

Firm or  
Individual Name

Address				
City				
Country	State		Zip	
Telephone	Email			

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	Theoharis C. THEOHARIDES		
Date	9/11/08	Telephone	617-232-1332/1337

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of 1 forms are submitted.